

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10-031,765</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52			1			
3							53	1					
4		2					54		1				
5		2					55			1			
6		1					56		1				
7	1						57			1			
8		1					58		1				
9							59			1			
10		1					60		1				
11							61			1			
12		1					62		1				
13							63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		1					68						
19		0					69						
20		0					70						
21		1					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		2					88						
39		2					89						
40		2					90						
41		1					91						
42		1					92						
43		1					93						
44		0					94						
45		2					95						
46		1					96						
47		1					97						
48		1					98						
49		0					99						
50		0					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	25	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	29					